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APPLICANTS

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** CONTINUING DATA ***** *U.L.*This appln claims benefit of 60/455,923 03/18/2003 *yes*** FOREIGN APPLICATIONS ***** *M.L. none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/06/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>M.L.</i> Initials	CA	4	29	3

ADDRESS

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TITLE

Triangle rendering using direct evaluation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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